ACCESS TO HEALTH CARE

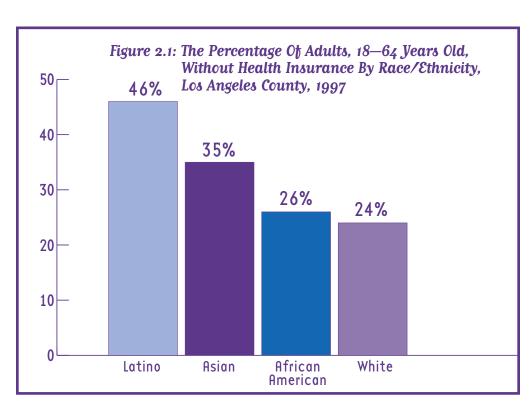
Access to quality medical care is an important determinant of health. Availability of health insurance and a regular source of care make it easier for people to access timely and effective care. Other factors can become barriers to receiving care and affect the quality of care received. These include language and cultural differences between the patient and provider, difficulties with transportation and scheduling appointments, and limited financial means to pay for health-related expenses.

Access to health care services is critical not only for the treatment of acute and chronic illnesses, but also for the receipt of preventive health services. These services include routine physical exams, immunizations, health education, and screening procedures such as serum cholesterol levels, mammography, and pap smears.

Health Insurance

Persons without health insurance coverage are less likely to have a regular source of care, are more likely to report an unmet need for health care, and are less likely to receive preventive health care services.^{1,2} *The Healthy People 2000* goal calls for everyone to have health insurance.

An estimated 2.7 million people in Los Angeles County have no health insurance. Approximately two million of the uninsured are adults between the ages of 18 to 64. In addition, there are an estimated 700,000 uninsured children in the county, repre-

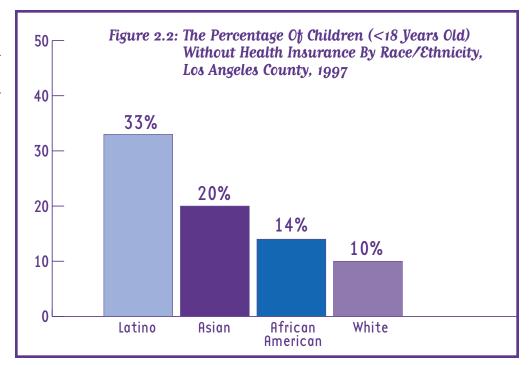


senting one-fourth of all children below age 18. Because the majority of uninsured people are also poor, they are less likely to have the ability to pay for services, less likely to have a regular source of care, and more likely to experience difficulty getting care.

→ Approximately 34% of adults ages 18 to 64 (approximately two million adults) in Los Angeles county have no health insurance.

Source: 1997 Los Angeles County Health Survey (1997 LACHS).

- → Latinos (46%) and Asians (35%) have the highest percentages of uninsured, nonelderly adults. Percentages of uninsured are lower among African-Americans (26%) and whites (24%) (see Figure 2.1).
- → Young adults, ages 18 to 29 years, comprise over 35% of all uninsured adults in Los Angeles County.
- → 60% of uninsured adults, nearly 1.2 million people in Los Angeles County, are medically indigent,



Source: 1997 LACHS.

meaning that they are uninsured and living in households with incomes below 200% of the federal poverty level.

- → The percentage who are uninsured is higher among adults with less than a high school education (54%) than among those who are college graduates (23%).
- → Nearly 25% of children 0 to 17 years old (approximately 700,000 children) are uninsured in Los Angeles County. The prevalence of uninsured is 29% among adolescents (ages thirteen to seventeen), 24% among children between 5 and 12 years, and 24% among children less than 5 years of age.
- → Percentages of uninsured are highest among Latino (33%) and Asian children (20%). Lower rates are found among African-American (14%) and white children (10%) (see Figure 2.2).
- → Most (81%) uninsured children in Los Angeles County (560,000 in number) are living in families with incomes at or below 200% of the federal poverty level.

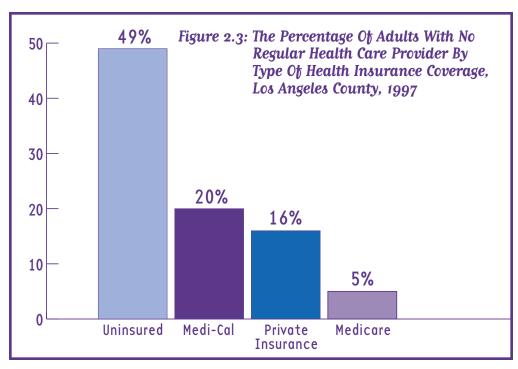
Table 2.1: Health Insurance Coverage, Adults 18—64 Years Of Age

	L.A. County	California ²
No health insurance coverage	34%	26%
White	24%	17%
African-American	26%	23%
Latino	46%	44%
Asian/Pacific Islander	35%	27%

Note: Use caution when making direct comparisons between Los Angeles County and California data. The data is derived from two survey instruments with slightly altered questions and which were given in different years. The purpose in presenting this data is to show trends and patterns within each of the populations that were sampled.

2. Current Population Survey, 1997.

^{1. 1997} LACHS.



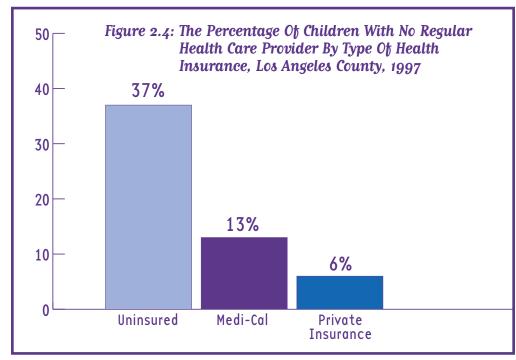
Source: 1997 LACHS.

- → 18% of uninsured children live in households where one or both parents have job-based health insurance coverage (annual income of less than \$32,100 for a family of four) and, therefore, may be eligible for Medi-Cal or Healthy Families insurance coverage (under 1997 eligibility criteria).
- → The proportion of uninsured adults (ages 18 to 64) is higher in Los Angeles County (34%) than in California (26%) (see Table 2.1).

Regular Source of Care

Having a regular source of health care is associated with lower rates of hospitalization for certain chronic medical conditions and with greater use of preventive health services.^{3,4,5}

- → 25% of adults in the county report that they do not have a regular health care provider. The percentage without a regular provider is highest among those without health insurance (49%), followed by those covered by Medi-Cal (20%), those with private insurance (16%), and those covered by Medicare (5%) (see Figure 2.3).
- → Among adults, Latinos (36%) have the highest percentage lacking a regular source of care, followed by Asians (30%), whites (17%) and African-Americans (17%).

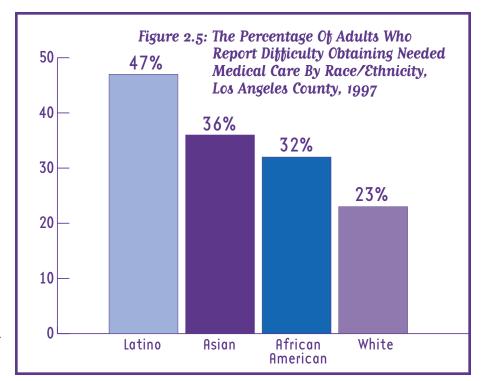


Source: 1997 LACHS.

- → The percentage of adults having no regular source of care decreases with advancing age, from 39% in 18 to 29 year olds to 12% in those 50 years and older.
- → 15% of children do not have a regular medical provider. The percentage of children without a regular medical provider is higher among children without health insurance (37%) than among those covered by Medi-Cal (12%) and those with private insurance (5%) (see Figure 2.4).

Other Barriers to Health Care Access

Health insurance is not the only barrier to obtaining health care. The 1993 Institute of Medicine Report on Access to Health Care in America discussed other barriers to accessing care and grouped them into three broad categories: financial, structural, and personal barriers. Financial barriers address the financing and reimbursement systems for care and funding for special health care programs. Structural barriers include the availability of services as well as how effectively these services are organized and delivered. Scheduling or waiting time for appointments, the proximity of providers, and the lack of available or adequate public transportation are examples of such structural factors.



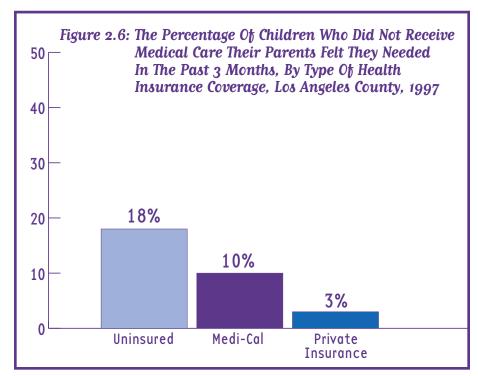
Source: 1997 LACHS.

Personal factors include income, level of education, ethnic and cultural background, language, and personal beliefs regarding medicine and the acceptability of medical services.

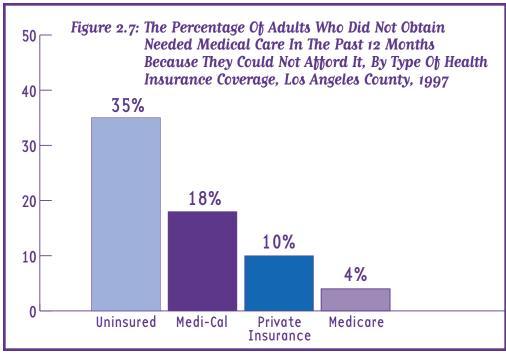
- → 35% of adults (≥18 years of age) in Los Angeles County report that it is very difficult or somewhat difficult for them to obtain needed medical care.
- → The number reporting that it is very difficult or somewhat difficult to obtain needed care is highest among Latinos (47%), followed by Asians (36%), African-Americans (32%), and whites (23%) (see Figure 2.5).
- → Among adults who consider their health to be only fair to poor, 21% have not

seen a health care provider in the past year.

- → 9% of children did not receive the medical care their parents felt they needed in the past three months. Among those without health insurance, 18% did not receive medical care their parents felt they needed in the past twelve months, compared to 10% among those covered by Medi-Cal and 3% among those with private insurance (see Figure 2.6).
- → 18% of adults in the county report that they needed to see a doctor for a health problem in the past 12 months but did not do so because they couldn't



Source: 1997 LACHS.



Source: 1997 LACHS.

afford it. Among those without health insurance, 35% did not see a doctor in the past 12 months because they could not afford it, compared to 18% among those covered by Medi-Cal, 10% among those with private insurance, and 4% among those covered by Medicare (see Figure 2.7). 10% Overall, of Californians reported that they could not see a doctor due to the cost of medical care. Among those without insurance coverage, 32% reported they could not see a doctor because they could not afford it, compared to 21% among Medi-Cal

recipients, 5% among Medicare recipients, and 5% among those with private insurance (see Table 2.2).

- → 16% of adults in the county report that they needed prescription medicine in the past 12 months but did not get it because they couldn't afford it.
- → 8% of adults in the county report that they needed mental health services in the past 12 months but didn't get them because they couldn't afford it.
- → 28% of Los Angeles County parents have difficulty paying for their children's medical expenses. The percentage that have difficulty paying is much higher for children without health insurance (62%) than for children covered by Medi-Cal (26%) or private insurance (10%) (see Figure 2.8).

Table 2.2: Financial Barriers To Receipt Of Health Care By Insurance Status, Adults, 18 Years Of Age And Older

	L.A. County	California ²
Did not see doctor due to cost n last 12 months (total)	18%	10%
Private insurance	10%	5%
Medicare	4%	5%
Medi-Cal	18%	21%
No coverage	35%	32%

Note: Use caution when making direct comparisons between Los Angeles County and California data. While the results of each survey are valid, the data is derived from two survey instruments with slightly altered questions and which were given in different years. The purpose in presenting this data is to show trends and patterns within each of the populations that were sampled.

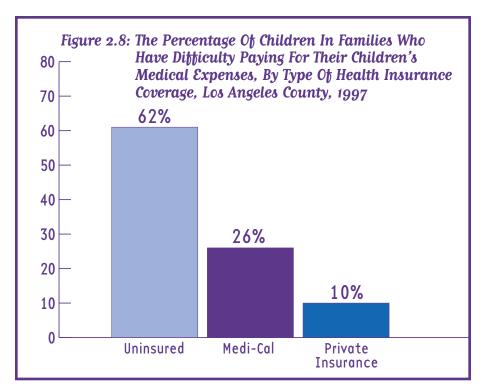
^{1. 1997} LACHS

^{2.} California Behavioral Risk Factor Surveillance Survey, 1998

→ 17% of children are in families that have difficulty arranging transportation to and from their child's health care provider. The percentage that have difficulty arranging transportation is highest among Latinos (23%), followed by African-Americans (12%), Asians (9%), and whites (7%) (see Figure 2.9).

Use of Preventive Services

→ 73% of Los Angeles County women, 18 years and older, had a pap smear in the past two years. The percentage that had a pap smear was highest among those with private health insurance (83%), intermediate among those covered by Medi-

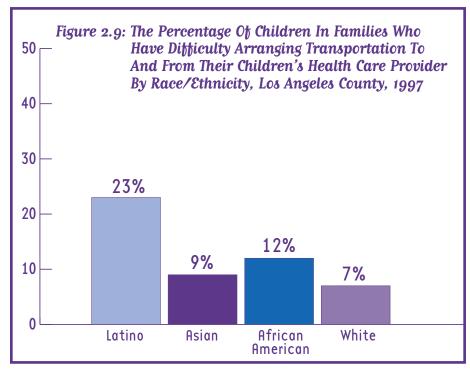


Source: 1997 LACHS.

Cal (74%), and lowest among those without insurance (60%). In California, 78% of women had a pap smear in the past two years (see Table 2.3).

- → 79% of African-American women, 18 years and older in the county, had a pap smear in the past two years, followed by white (75%), Latino (70%), and Asian (68%) women.
- → 70% of women, 18 years and older in the county, had a breast exam by a physician, nurse, or other health professional in the past two years. The percentage that had a breast exam was highest among those covered by Medicare (81%) and

private insurance (80%), intermediate among those covered by Medi-Cal (71%), and lowest among those without health insurance (53%). In the state of California, 75% of women had a breast exam in the past two years (see Table 2.3).



Source: 1997 LACHS.

Table 2.3: Women's Use Of Clinical Preventive Services				
	L.A. County	California ²		
Pap smear done in past 2 years, ≥18 years of age	73%	78%		
Clinical Breast exam done in past 2 years, ≥18 years of age	70%	75%		

Note: Use caution when making direct comparisons between Los Angeles County and California data. The data is derived from two survey instruments with slightly diered questions and which were given in different years. The purpose in presenting this data is to show trends and patterns within each of the populations that were sampled.

76%

81%

Mammogram done in past 2 years, ≥50 years of age

- → 76% of women, 50 years and older in the county, had a mammogram in the past two years. The percentage that had a mammogram was highest among those covered by private insurance (82%) and Medicare (81%), intermediate among those with Medi-Cal coverage (72%), and lowest among those without health insurance (60%). In California, 81% of women had a mammogram in the past two years (see Table 2.3).
- → 77% of African-American women, 50 years and older in the county, had a mammogram in the past two years, followed by white (77%), Latino (75%), and Asian (68%) women.
- → Only 28% of Los Angeles County men, 18 years and older, had a testicular exam in the past two years. The percentage that had a testicular exam was highest among those covered by Medicare (43%), intermediate among those with private insurance (32%) and Medi-Cal coverage (28%), and lowest among those without health insurance (17%).

Access to Health Care—Data Sources

- Los Angeles County Department of Health Services—Public Health Office of Health Assessment and Epidemiology 1997 Los Angeles County Health Survey
- 2. California Department of Health Services
 Cancer Surveillance Section

CATI Unit

California Behavioral Risk Factor Survey

See Appendix for complete references on these and other data resources.

Endnote

- 1. Bloom, B, Simpson, G, Cohen, RA, Parson, PE. Access to health care. Part 2: Working-age adults. National Center for Health Statistics. Vital Health Stat 1997;10 (197).
- Makuc, DM, Freid, VM, Parsons, PA. Health insurance and cancer screening among women. Advance data from vital and health statistics; no 254. National Center for Health Statistics. 1994.
- 3. Bindman, AB, Grumbaugh, K, Osmond, D, et al. Preventable hospitalizations and access to health care. JAMA 1995; 274: 305–11.
- 4. Lambreus, JM, DeFriese, GH, Carey, TS, Ricketts, AK. The effects of having a regular doctor on access to primary care. Med Care 1996; 34: 138–51.
- 5. Bindman, AB, Grumbaugh, K, Osmand, D, Vranizan, K, Stewart, AL. Primary care and receipt of preventive services. J Gen Internal Med 1996; 11: 269–76.

^{1. 1997} LACHS.

^{2.} California Behavioral Risk Factor Surveillance Survey, 1998.